Heritage Glass LLC

April 17, 2014

State of Tennessee
Department of Environment and Conservation
Division of Water Resources
William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243

RE: Glasway, LLC-NPDES TN0003905 NPDES permit application/renewal package Transfer of ownership request

To Whom It May Concern,

Glasway, LLC ("Glasway") located in Kingsport, TN is providing notification to the Division of Water Pollution Control ("Division") about a change in the National Pollutant Discharge Elimination System (NPDES) permit. The Glasway facility has prepared and submitted a NPDES permit application in December 2013 to recognize a new facility owner. The previous owner of this property was AGC-Blue Ridge Corporation.

This letter and all attachments have been prepared to identify a change in ownership from Glasway, LLC to Heritage Glass, LLC effective May 15, 2014. The NPDES form 1 has been prepared to reflect the change of ownership.

The Heritage Glass plant will begin to operate a variety of machines that require non-contact and contact cooling water for flat glass manufacturing. All non-contact cooling water will be discharged to outfall 001 while all contact water from the glass edging water and wash water will discharge from the facility via outfall 01A.

Heritage Glass intends to operate the facility operations as required and described in the NPDES permit #TN0003905. The application package and all submitted information, along with applicable fees, are being submitted for permit issuance to Heritage Glass.

Appalachian Environmental Resources, Inc. (AER) has been contracted to handle the water quality program at the Heritage Glass facility. The contact name for the environmental program is Michael Fox. He can be contacted at 1-423-956-2900 or mfox@aertn.com.

I certify under penalty of law that this document and all attachments, (i.e., this submittal of NPDES permit application), were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

Chris Cording

Chief Executive Officer

Heritage Glass, LLC

Attachments

Cc: M. Fox/AER

Please print or t	type in the unshad	led areas only.					Form	n Approved. OMB No. 2040-0	0086.					
FORM		ONMENTAL PROTECTION AGENCY				I. EPA I.D. NUMBER								
1	SEPA				FORMA Permits Pro		s	TND003374048			T/A	Ç		
GENERAL		(Read the	"Gener	al Insti	ructions" be	fore starting.)	F	IND003374048				D		
LABEI	LITEMS	GENERAL INSTRUC									-	15		
								If a preprinted label has been provided, affix it in the designated space. Review the information carefully, if any of						
I. EPA I.D.						is incorrect, cross through it and enter the correct data in trappropriate fill-in area below. Also, if any of the preprinted data								
III. FACILITY NAME PLEASE				E PLACE LABEL IN THIS SPACE				is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you						
V. FACILITY MAILING ADDRESS							need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label							
VI. FACILITY	has been provided. Refer to the in descriptions and for the legal auth								truction rization	ns for d	letailed r which	item this		
II. POLLUTANT	CHARACTERIS	TICS					dat	a is collected.						
INSTRUCTION	NS: Complete A th	rough J to determine whether	r you	need t	o submit ar	y permit application forms to	the E	PA. If you answer "yes" to a	ov ane	stions	VOLUM	aust		
you answer "no	o" to each question	nental form listed in the bare	entnesi of these	s forms	wing the qu s. You may	estion. Mark "X" in the box in answer "no" if your activity is	tho t	third column if the aunaleman	admit En-		At t	1 16		
				Mari	_					Mark "X" YES NO FOR				
	SPECIFIC QU	ESTIONS	YES	NO	FORM ATTACHED	SPECIFIC	CIFIC QUESTIONS			NO	FOR			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			16	X	18	include a concentrated aquatic animal produc	cility (either existing or proposed) ted animal feeding operation or luction facility which results in a			×				
C. Is this a fac	ility which current	ty results in discharges to		17	18	discharge to waters of t				20	21	_		
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X			or B above) which will re the U.S.? (FORM 2D)	ty (other than those described in A result in a discharge to waters of			X				
E. Does or w	ill this facility tr	eat, store, or dispose of	22	23	24		Do you or will you inject at this facility industrial or			26	27			
hazardous wastes? (FORM 3)			X 28	29	30	municipal effluent be containing, within one	ricipal effluent below the lowermost stratum taining, within one quarter mile of the well bore, derground sources of drinking water? (FORM 4)							
G. Do you or wi	Il you inject at this	facility any produced water	20	29	30	H. Do you or will you inject		- ' '	31	32	33	-		
or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				×		processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)				×				
			34	35	36					38	39			
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) 				×		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				X				
			40	41	42					44	45			
III. NAME OF	FACILITY			Carle II		(I ORM 5)					No. No.			
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	RITAGE GL	ASS, LLC												
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IV. INOLITI	SONTAGE	A. NAME & TITLE (last,	first d	e title)			D	PHONE (man and d ma)						
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	FROM THE FRONT					
VII. SIC COL	DES (4-digit, in order of priority) A. FIRST				B. SECOND	
0011	(specify)		c (spe	ecify)	D. OLOOND	
7 3211	FLAT GLASS MANUFACTURING		/			
15 16 - 1	C. THIRD		15 16 - 19		D. FOURTH	
c III	(specify)		c (spe	ecify)		
7	9					
	TOR INFORMATION		15 16 - 19			
VIIII OT ELIOT		A. NAME				B.Is the name listed in Item
HERIT	AGE, LLC					VIII-A also the owner?
15 16	7.02, 220					✓ YES □ NO
	C. STATUS OF OPERATOR (Enter the	appropriate letter into the	answer box: if "Othe	er." specify.)		D. PHONE (area code & no.)
F = FEDER	Al	(si	pecify)			
S = STATE	M = PUBLIC (other than fe O = OTHER (specify)	deral or state) P	37,			A (423) 967-0415
P = PRIVAT	E O - OTTLER (specify)	58				15 6 - 18 19 - 21 22 - 26
	E. STREET OR P.O	BOX				
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	S ENVIRONMENTAL PERMITS				3.	
	NPDES (Discharges to Surface Water)	D. PSD (Air En	nissions from Propose	ed Sources)		
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15 16 17 18 XI. MAP	30	15 16 17 18		30		
	is application a topographic map of the area e	xtending to at least one	mile beyond prope	erty houndaries Th	e man must sh	now the outline of the facility the
location of e	each of its existing and proposed intake and dis	charge structures, each	of its hazardous wa	aste treatment, stori	age, or disposa	al facilities, and each well where it
injects fluids	s underground. Include all springs, rivers, and other	her surface water bodies	in the map area. Se	ee instructions for p	recise requirem	ients.
XII. NATURE	OF BUSINESS (provide a brief description)					
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	IFICATION IS TO PROVIDE INFORM					
HERITAGI	E LLC. HERITAGE, LLC WILL BE RE	SPUNSIBLE FUR	ALL NPDES P	EKIVIII IING KI	EQUIRENE	NIS.
XIII. CERTIF	ICATION (see instructions)					
	er penalty of law that I have personally examine	ad and am familiar with t	ho information auto	mittad in this analis	ation and all at	to abmounts and that based on my
inquiry of th	ose persons immediately responsible for obtain	ing the information conta	ined in the applica	tion. I believe that t	he information	is true, accurate, and complete. I
am aware th	nat there are significant penalties for submitting t	alse information, includin	g the possibility of t	fine and imprisonme	ent.	
A. NAME & (OFFICIAL TITLE (type or print)	B. SIGNATURE				C. DATE SIGNED
CUDIC	CODDING	100-11	+110			04/40/2014
CHRIS C	OKDING	Charge	100			04/19/2014
00444545	COD OFFICIAL LIGE ONLY					
COMMENTS	S FOR OFFICIAL USE ONLY					
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